Rural Nevada 2010 Preventative Program
Preventive Health and Health Services Block Grant

Work Plan

Original Work Plan for Fiscal Year 2010
Submitted by: Nevada
DUNS: 625364849
Printed: 7/6/2010 7:52 PM

Governor: Jim Gibbons
State Health Officer: Tracey Green
Block Grant Coordinator:
Kandi Qualls
4150 Technology Way, #210
Carson City NV 89706
Phone: 775-684-4032
Fax: 775-684-4245
Email: kqualls@health.nv.gov
CDC Work Plan ID: NV 2010 V0 R3
Created on: 6/28/2010
Submitted on:

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Executive Summary

This work plan is for the Preventive Health and Services Block Grant (PHHSBG) for Federal Year 2010. It is submitted by the Nevada State Health Division, Frontier and Rural Health Services Program as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2010 Preventive Health and Health Services Block Grant is $394,723. This amount is based on a funding update allocation table distributed by CDC.

Proposed Allocation and Funding Priorites for FY 2010 Sexual Assault-Rape Crisis (HO 15-35): $44,725. This total is a mandatory allocation which provides this funding to 14 rural counties. **PHHS Block Grant** funds are used to support programs and projects within the 14 rural and frontier health counties. PHHS Block Grant dollars provide supplemental support for categorical and state funding and are used when no other source of funding exists to address health concerns. Nevada has come to rely on these funds as an important source of investment for health promotion and prevention.

Based on input from the PHHS Advisory Committee, the following Health Objectives are funded this funding cycle:
Elimination of Vaccine Preventable Diseases
Elimination of Childhood Lead Poisoning
HAI Strategic Plan
Rape Prevention (Federally mandated set aside)
Nevada Healthy Schools Project
Fitness and Wellness Council
State Chronic Disease Coalition

Funding Rationale: Under or Unfunded, State Plan (2010), Data Trend

Statutory Information

Advisory Committee Member Representation:

College and/or university, Community health center, Community resident, County and/or local health department, Dental organization, Environmental organization, Hospital or health system, Managed care organization, Primary care provider, Schools of public-health, State health department, State or local government, Tobacco control organization

Dates:

Public Hearing Date(s):	Advisory Committee Date(s):
9/1/2009	6/24/2009
	9/1/2009
	10/31/2009

Current Forms signed and attached to work plan:

Certifications: Yes
Certifications and Assurances: Yes

Budget Detail for NV 2010 V0 R3	
Total Award (1+6)	$394,723
A. Current Year Annual Basic	
1. Annual Basic Amount	$345,790
2. Annual Basic Admin Cost	($34,579)
3. Direct Assistance	$0
4. Transfer Amount	$0
(5). Sub-Total Annual Basic	$311,211
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	$48,933
7. Sex Offense Admin Cost	($4,208)
(8.) Sub-Total Sex Offense Set Aside	$44,725
(9.) Total Current Year Available Amount (5+8)	$355,936
C. Prior Year Dollars	
10. Annual Basic	$349,869
11. Sex Offense Set Aside (HO 15-35)	$48,933
(12.) Total Prior Year	$398,802
13. Total Available for Allocation (5+8+12)	$754,738

Summary of Funds Available for Allocation	
A. PHHSBG $'s Current Year:	
Annual Basic	$311,211
Sex Offense Set Aside	$44,725
Available Current Year PHHSBG Dollars	$355,936
B. PHHSBG $'s Prior Year:	
Annual Basic	$349,869
Sex Offense Set Aside	$48,933
Available Prior Year PHHSBG Dollars	$398,802
C. Total Funds Available for Allocation	$754,738

Summary of Allocations by Program and Healthy People 2010 Objective

Program Title	Health Objective	Current Year PHHSBG $'s	Prior Year PHHSBG $'s	TOTAL Year PHHSBG $'s
Eliminate Vaccine Preventable Diseases HO Immunization Objectives: 14-24,	14-1 Vaccine-preventable diseases	$109,009	$128,752	$237,761
Sub-Total		**$109,009**	**$128,752**	**$237,761**
Elimination of Childhood Lead Poisoning	8-11 Blood lead	$109,008	$111,217	$220,225
Sub-Total		**$109,008**	**$111,217**	**$220,225**
HAI Strategic Plan	8-21 Disaster preparedness plans and protocols	$15,000	$0	$15,000
Sub-Total		**$15,000**	**$0**	**$15,000**
NEVADA HEALTHIER SCHOOLS PROJECT	19-3 Overweight or obesity in children and adolescents	$48,194	$54,900	$103,094
Sub-Total		**$48,194**	**$54,900**	**$103,094**
Nevada State Fitness and Wellness Advisory Council	22-6 Physical Activity in Children and Adolescents	$15,000	$25,000	$40,000
Sub-Total		**$15,000**	**$25,000**	**$40,000**
Rape Prevention Program HO 15-35 Rape or Attempted Rape	15-35 Rape or attempted rape	$44,725	$48,933	$93,658
Sub-Total		**$44,725**	**$48,933**	**$93,658**
Statewide Chronic Disease Coalition Partnership	7-10 Community health promotion programs	$15,000	$30,000	$45,000
Sub-Total		**$15,000**	**$30,000**	**$45,000**
Grand Total		**$355,936**	**$398,802**	**$754,738**

State Program Title: Eliminate Vaccine Preventable Diseases HO Immunization Objectives: 14-24,

State Program Strategy:

Goal: Work with state and county health agencies and the private medical community to promote immunizations among infants, children and adults; to respond to vaccine preventable disease outbreaks; to develop and promote maternal and adult immunization education programs; to develop and enforce state immunization and vaccine preventable disease regulations and laws; to provide immunization education to health care professionals and consumers.
Health Priorities: To increase the immunization levels of children.
Partners: The FaR Program staff are active members in the Nevada Immunization Coalition.
Evaluation: The FaR Program participates in the Nevada Immunization Program's statewide immunization registry as required by law (Nevada WebIZ). Routine checks of data collected.

State Program Setting:

Community health center, Faith based organization, Local health department, Medical or clinical site, Parks or playgrounds, Schools or school district, Senior residence or center, State health department, Tribal nation or area, University or college, Work site

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 14-1 Vaccine-preventable diseases

State Health Objective(s):

Between 10/2009 and 09/2010, **Prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases. 14-24 Fully immunized young children and adolescents in rural Nevada.**

Baseline:

Objective	Reduction in Vaccine-Preventable Diseases	1998 Baseline	2010 Target
		Number of Cases	
14-1a.	Congenital rubella syndrome (children under age 1 year)	7	0
14-1b.	Diphtheria (persons under age 35 years)	1	0
14-1c.	*Haemophilus influenzae* type b* (children under age 5 years)	163	0

14-1d.	Hepatitis B (persons aged 2 to 18 years)	945†	9
14-1e.	Measles (persons of all ages)	74	0
14-1f.	Mumps (persons of all ages)	666	0
14-1g.	Pertussis (children under age 7 years)	3,417	2,000
14-1h.	Polio (wild-type virus) (persons of all ages)	0	0
14-1i.	Rubella (persons of all ages)	364	0
14-1j.	Tetanus (persons under age 35 years)	14	0
14-1k.	Varicella (chicken pox) (persons under age 18 years)	4 million‡	400,000

Data Source:
National Notifiable Disease Surveillance System (NNDSS), CDC.

State Health Problem:

Health Burden:
Rates and Data:
 In 2007, 4:3:1:3:3 coverage levels are as follows. The 4:3:1:3:3 series is 4 diptheria/tetanus/pertussis (DTaP), 3 polio, 1 measles/mumps/rubella (MMR) 3 Haemophilus influenzae type B (Hib), and 3 Hepatitis B vaccines.
4:3:1:3:3 series data (5 dose series)
 U.S. 80.1% (±1.0%)
 Nevada: 66.7% (±7.5%)
 Data was not broken out separately for Clark County in 2007.
 Nevada's coverage levels for this series showed an increase of 3.0% (±10.4%) from the 2006 estimate of 64.7% (±6.0%); however this increase is not statistically significant.
 Nevada was among the five states with lowest 4:3:1:3:3:1 series coverage. The 4:3:1:3:3:1 series is 4 diptheria/tetanus/pertussis (DTaP), 3 polio, 1 measles/mumps/rubella (MMR), 3 Haemophilus influenzae type B (Hib), 3 Hepatitis B, and 1 Varicella (chickenpox) vaccines. This series represents the core vaccines administered to children by the age of two and is the standard by which the federal government measures progress.
4:3:1:3:3:1 series data (6 dose series)
 Based on the 2007 NIS data, estimated 4:3:1:3:3:1 coverage for Nevada was:
 U.S. 77.4% (±1.1%)
 Nevada: 63.1% (±7.6%)

 Data is not currently available by county in Nevada.
 Nevada's coverage level for this series ranks it as the lowest state for 4:3:1:3:3:1 coverage levels.
 Nevada's overall coverage rate for the 4:3:1:3:3:1 series showed an increase of 3.6% (±9.6%) from the 2006 estimate of 59.5% (±7.4%).
 Nevada experienced a large increase in coverage levels from 2001-2002 and a plateau from 2002-2006. Overall, rates improved in most categories in 2007.
 Nevada experienced a statistically significant increase from 2006 to 2007 estimates for 3 doses of PCV7 (+17.5% ±10.5).
Vaccine Specific Data
 The differences for other vaccines ranged from -2.4% for 4 doses DTP to +4.1% for 3 doses HepB, but none of these differences were statistically significant.

Target Population:
Number: 15,517
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes

Disparate Population:
Number: 15,517
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: Nevada Kids Count Data Book 2008

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Other: Nevada Kids Count Data Book 2008

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $109,009
Total Prior Year Funds Allocated to Health Objective: $128,752
Funds Allocated to Disparate Populations: $109,009
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 1 – Monitor health status

Objective 1:

Utilize confidential, population-based online immunization data registry.

Between 10/2009 and 09/2010, FaR staff will increase the percent of records entered by local providers. from 40% to **50%**.

Annual Activities:

1. collaboration with local providers

Between 10/2009 and 09/2010, Through participation in the Nevada Immunization Coalition, FaR staff will work with community providers to assit in data entry into Web IZ (Nevada's Electronic Registry).

Essential Service 4 – Mobilize Partnerships

Objective 1:

The mission is to promote health and prevent the incidence of vaccine preventable diseases.

Between 10/2009 and 09/2010, FaR staff and partners will increase the percent of Nevada's 2-year olds appropriately
immunized and encourage appropriate immunizations throughout the life span. from 50% to **60%**.

Annual Activities:

1. Provide immunization awareness, education and access to the community

Between 10/2009 and 09/2010, Improve provider outreach to address immunization issues at the local level through development of partnerships and organization of special projects, while supporting Nevada's statewide initiative to increase immunization rates.

Essential Service 7 – Link people to services

Objective 1:

Work to eliminate lack of access to Preventative Health Care

Between 10/2009 and 09/2010, FaR staff will increase the number of vaccine providers and available hours of service from 1 in some rural areas to **3**.

Annual Activities:

1. FaR staff will identify and contact potential community providers.

Between 10/2009 and 09/2010, **Lack of access to Preventative Health Care**

- Uninsured, underinsured, Medicaid, and Nevada Check Up children often rely on public health clinics for immunizations
- Hours of operation of public health clinics are not convenient for working low-income families
- Lack of public transporation in rural and frontier Nevada
- Inadequate public health capacity in Nevada
- Shortage of pediatricians (NV is among the lowest 8 states in #pediatricians/#children)

State Program Title: Elimination of Childhood Lead Poisoning

State Program Strategy:

National Health Objective: HO 8-11

State Health Objective:

The goal of this program and the developing one by FaR of childhood lead poisoning surveillance is to:
Estimate the extent of elevated blood-lead levels among children.
Assess the follow-up of children with elevated blood-lead levels.
Examine potential sources of lead exposure.
Help allocate resources for lead poisoning prevention activities.
Provide development and support of STELLAR, a software application used to track medical and environmental activities in lead poisoning cases.

State Health Problem:

The most recent national data indicates that approximately two in every hundred children age one to five have lead poisoning. Young children absorb lead far more easily and rapidly than adults and the results can be devastating to their developing nervous systems. Lead poisoning can affect nearly every system in the body. It can cause learning disabilities. The efforts in southern Nevada were the pilot project for this environmental assessment and the funds are allotted for case management, etc. During this funding cycle, the Nevada staff expanded education, screening, referral, treatment and environmental investigative ability by coordination with the Childhood Lead Poisoning Prevention Program (CLPPP) of the Southern Nevada Health District and Keith Zupnik, MD, Program Coordinator.

Health Burden:

One of the goals of Healthy People 2010 is the elimination of childhood lead poisoning as a public health problem.

Cost Burden:

Individualized case management, which includes a detailed medical history, nutritional assessment, physical examination, environmental investigation, and hazard reduction, begins at a BLL of 20 µg/dL. Chelation therapy may be considered, but is not recommended routinely at BLLs <45 µg/dL. Consultation with clinicians who are experienced in lead chelation is useful in making the decision to chelate an individual child. Support services from other professionals, including visiting nurses and environmental health specialists, are essential in providing assistance with environmental assessment, lead abatement, or alternative housing. These services reflect some of the associated costs in detection and treatment of elevated blood lead levels. Blood lead levels (BLL) of 10-19 ug/dL require medical intervention and follow-up costing about $56. Per child. Blood lead levels of (20ug/dL or above) require a full physical with blood tests and follow-up costing approximately $466 per child._BLLs in excess of 45 ug/dL require treatment including chelation that can cost a minimum of $275 per course. *Source Committee on Environmental Health 1998.

The Frontier and Rural (FaR) Public Health Services Program has worked with the Nevada PHHS Block Grant Advisory Committee to focus funding in this grant application on determined objectives. Following the federal site visit by CDC administration in 2008, it was determined to narrow the focus to five (5) of the prior ten (10) health objectives to best maximize funding. Elimination of childhood lead poisoning continues as a goal of the Nevada PHHS Block Grant funded programs.

The Childhood Lead Poisoning Prevention Program (CLPPP) combines the efforts of the Epidemiology, Environmental Health and Nursing divisions and the University of Nevada, Las Vegas partners to track, investigate and provide case management for children affected by lead poisoning, which includes education for everyone in the child's home. Office of Epidemiology receives blood lead test results for children screened in Southern Nevada. Lead poisoning in children is defined as blood lead levels greater than 10 micrograms per deciliter (µg/dL). In northern Nevada, the FaR program has trained all staff in lead collection and has continued to provide lead testing with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program in thirteen rural and frontier counties. To date children have been screened with 6 Blood Lead Levels greater than 5 micrograms per deciliter (µg/dL).

An additional partner for promotion of the FaR lead testing is Professor Kathy Laukner of the University of Las Vegas (UNLV). Professor Laukner is hoping that the expansion of Nevada's FaR assessing for lead will enable the state to be competitive for other sources of federal funding. With the expansion of BLL testing in the rural counties it has become very apparent that risk assessment training for environmental staff is mandatory. The recent reorganization of the Nevada State Health Division has placed the Environmental Health Services Program under FaR. To this end, FaR administration is scheduling environmental training to include: "Risk Assessor" training a (5) day course; accredited by the U.S. EPA. The individual completing the training must pass the course and pass a national test designed by the EPA and administered within the state at a Sylvan Learning Center. The person(s) acquiring this certification is certified for (3) years at which time, they will be given a refresher course. The plan is to train 19 risk assessors, but first we must assess whether or not they will have something to assess? Surveillance staff needs to determine how many homes; schools; day cares are pre 1978 properties in your regions. How many have been inspected for Lead Hazards? If we have "target housing" to assess; we could start there. The other approach is to test the children first; as many as we can is the desired amount... how many of them prove positive for Lead in their blood? At what level? 5ug/dl; 10ug/dl... at 20ug/dl it is mandatory but Federal Law to open a Case file on the child and commence with a risk assessment within 15 days. The state of Nevada medical professionals within the state health district system have been checking on families who have children testing at anything above 5ug/dl. This is an excellent practice and FaR wishes it to remain the protocol for the state. The SNHD has over 2,000 children to screen. How many will we find in the mining; rural; older housing sect portions of the state. Many are predicted and the program will need all 19 assessors to help and all 24 staff to manage the cases.

EPSDT (Early Periodic Screening, Diagnosis, and Treatment) benefit is for children and youth from birth to age 19 (for Nevada CheckUP) and to age 21 for Medicaid. In Nevada, the EPSDT periodicity schedule follows the American Academy of Pediatricians guideline. Immunization, family planning, and lead screening are included in the EPSDT components (when age appropriate). As these are priorities of Nevada public health programs, the EPSDT screens are one strategy to ensure more children are receiving these key treatments, which are free to enrolled children/youth. An added benefit is the availability of free transportation to EPSDT screening appointments. The Divisions within DHHS have been working creatively, and leveraging resources to increase awareness about the availability and benefit of the screens to parents and youth; educate physicians and providers who offer the screens, and organize tools to offer screens (such as billing information, periodicity schedules, reminder cards) in one easy to locate website.

The Nevada Department of Health and Human Services, and the FaR Program in particular, is working to ensure that all children in Nevada can grow up in a lead safe environment add in info on lead testing. The CHN Program is working with the above agencies to provide lead testing in rural and frontier Nevada communities.

The EPSDT program includes lead screening. Through the EPSDT program CHNs assure children with elevated blood lead levels receive appropriate care as well as to conduct quality assurance measures to help reach the goal of universal screening. The CHNs refer significantly lead poisoned children to a medical provider.

Target Population:

Statewide the target population includes all Nevada children under the age of 6 regardless of their socio-economic background approximately 14,000.
Disparate Population:
Nevada considers the disparate population the same as the target population.
Evidence Based Guidelines:
U.S. Preventive Services Task Force (USPSTF). Screening for elevated blood lead levels in children and pregnant women: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006.

State Program Setting:

Child care center, Community based organization, Community health center, Local health department, Medical or clinical site, Schools or school district, State health department, Tribal nation or area, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 8-11 Blood lead

State Health Objective(s):

Between 01/2008 and 12/2010, State Health Objective:
The goal of this program and the developing one by FaR of childhood lead poisoning surveillance is to:
Estimate the extent of elevated blood-lead levels among children.
Assess the follow-up of children with elevated blood-lead levels.
Examine potential sources of lead exposure.
Help allocate resources for lead poisoning prevention activities.
Provide development and support of STELLAR, a software application used to track medical and environmental activities in lead poisoning cases.

Baseline:
The most recent national data indicates that approximately two in every hundred children age one to five have lead poisoning. Young children absorb lead far more easily and rapidly than adults and the results can be devastating to their developing nervous systems. Lead poisoning can affect nearly every system in the body. It can cause learning disabilities. The efforts in southern Nevada were the pilot project for this environmental assessment and the funds are allotted for case management, etc. During this funding cycle, the Nevada staff expanded education, screening, referral, treatment and environmental investigative ability by coordination with the Childhood Lead Poisoning Prevention Program (CLPPP) of the Southern Nevada Health District and Keith Zupnik, MD, Program Coordinator.

Data Source:
U.S. Preventive Services Task Force (USPSTF). Screening for elevated blood lead levels in children and pregnant women: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2006.

State Health Problem:

Health Burden:

State Health Problem:

The most recent national data indicates that approximately two in every hundred children age one to five have lead poisoning. Young children absorb lead far more easily and rapidly than adults and the results can be devastating to their developing nervous systems. Lead poisoning can affect nearly every system in the body. It can cause learning disabilities. The efforts in southern Nevada were the pilot project for this environmental assessment and the funds are allotted for case management, etc. During this funding cycle, the Nevada staff expanded education, screening, referral, treatment and environmental investigative ability by coordination with the Childhood Lead Poisoning Prevention Program (CLPPP) of the Southern Nevada Health District and Keith Zupnik, MD, Program Coordinator.

Health Burden:

One of the goals of Healthy People 2010 is the elimination of childhood lead poisoning as a public health problem.

Cost Burden:

Individualized case management, which includes a detailed medical history, nutritional assessment, physical examination, environmental investigation, and hazard reduction, begins at a BLL of 20 µg/dL. Chelation therapy may be considered, but is not recommended routinely at BLLs <45 µg/dL. Consultation with clinicians who are experienced in lead chelation is useful in making the decision to chelate an individual child. Support services from other professionals, including visiting nurses and environmental health specialists, are essential in providing assistance with environmental assessment, lead abatement, or alternative housing. These services reflect some of the associated costs in detection and treatment of elevated blood lead levels. Blood lead levels (BLL) of 10-19 ug/dL require medical intervention and follow-up costing about $56. Per child. Blood lead levels of (20ug/dL or above) require a full physical with blood tests and follow-up costing approximately $466 per child._BLLs in excess of 45 ug/dL require treatment including chelation that can cost a minimum of $275 per course.

Target Population:

Number: 14,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes

Disparate Population:

Number: 14,000
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 1 - 3 years, 4 - 11 years
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Specific Counties
Target and Disparate Data Sources: *Source Committee on Environmental Health 1998.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: US Preventative Services Guidelines on Lead Screening for Children and Pregnant Women, 2006.

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $109,008
Total Prior Year Funds Allocated to Health Objective: $111,217
Funds Allocated to Disparate Populations: $109,008
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
75-99% - Primary source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 2 – Diagnose and Investigate

Objective 1:
Elimination of Childhood Lead Poisoning HO 8-11 Blood Lead
Between 10/2009 and 09/2010, CHNs will increase the number of children under the age of 6 screened for lead poisoning from 10% to **20%**.

Annual Activities:
1. Elimination of Childhood Lead Poisoning
Between 10/2009 and 09/2010, primary prevention, guidance and support to individuals exposed to lead, assessment, assurance, and policy/planning.

Essential Service 7 – Link people to services

Objective 1:
Improve case management of children with elevated BLL
Between 10/2009 and 09/2010, FaR nursing staff will implement **all** services available for appropriate case management of children identified with elevated BLL.

Annual Activities:
1. Convene case management team for each identified child with elevated BLL
Between 10/2009 and 09/2010, Convene members of a Lead Poisoning Prevention Team consisting of FaR designated nursing staff; Early Intervention Services; lab; medical provider or pediatrician; and treament staff as indicated.

State Program Title: **HAI Strategic Plan**

State Program Strategy:
Develop a statewide HAI Strategic plan as mandated by PHHS.

State Program Setting:
Other: Statewide

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: **HO 8-21 Disaster preparedness plans and protocols**

State Health Objective(s):
Between 10/2009 and 09/2010, Develop an HAI Plan for Nevada.

Baseline:
Completed by 1/1/10.

Data Source:
BRFSS, Hospital Discharge Reports, Community Health Nursing patient data, vaccine data, etc.

State Health Problem:

Health Burden:
Each state has been mandated to develop an HAI Plan by 1/1/09.

Target Population:
Number: 1
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 1
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 -

64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: BRFSS, Hospital Discharge data, Community Health Nurse patient data, vaccine data, etc.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $15,000
Total Prior Year Funds Allocated to Health Objective: $0
Funds Allocated to Disparate Populations: $15,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:
Develop HAI plan
Between 10/2009 and 09/2010, Bureau of Healthcare Quality and Compliance will develop **1** HAI plan by 1/1/10.

Annual Activities:
1. Develop HAI plan
Between 10/2009 and 09/2010, The Bureau of Healthcare Quality and Conmpliance will develop the HAI plan with assistance from the Nevada State Health Division.

State Program Title: NEVADA HEALTHIER SCHOOLS PROJECT

State Program Strategy:

Goal Year 1 (2010): The Nevada Fitness and Wellness Council, Nevada's Action for Healthy Kids along with the University of Las Vegas Physical Education Leadership, will develop training modules for the Nevada's School Wellness Coordinators. **Training Modules:** School Wellness Training Overview: Based on feedback provided by the Nevada school Superintendents, Department of Education, and Wellness Coordinators, the training will be delivered using electronic and web-based technology. The trainings have been conceptualized as 5 sequential 50 minute modules. Based on the known reticence of school personnel and administrators to dedicate scarce resources and time to health and wellness, modules 1, 2, and 3 will increase knowledge and persuade school policy makers that an investment in a child's health is an investment in their academic achievement and that coordinated school health can be easily incorporated into the daily systems of school life.

Module 1: Health and Academic Achievement – this module will introduce the concept of school wellness and outline what the research literature says as it relates to nutrition and physical activity and academic achievement. **Module 2: Coordinated School Health –** this module will provide an overview of eight components of coordinated school health and how schools can use their current resources to strive toward this end. Basic steps in the development of a school wellness team and resources that may be used to evaluate the school environment and use this data to set school goals. **Module 3: Strategies for Increasing Student's Physical Activity at School -** This module will provide an overview of the importance of physical activity in schools. It will also provide various strategies to increase student's physical activity at school in a variety of venues including promotion of active transport, recess, physical education, and other school programming.

These modules will be made available on line and will have an assessment mechanism so that school completion may be monitored. Modules 4 and 5, are live webinars that will be delivered live through the partnership between Action for Healthy Kids and The Alliance for a Healthier Generation. Additionally, one district representative will receive additional training to add support and assistance to schools as they endeavor to create healthier school environments for Nevada's K-12 school children. Participation and completion in all 5 modules will be monitored through the development of a web site that will function as an access and delivery point for the trainings and also record and post school completion accordingly.

Proposed: Website

This site could be housed in the Department of Education, Health and Human Services or outsourced to third party such as Fitness and Wellness Council Website, or Nevada Action for Healthy Kids/National Action for Healthy Kids.

- Register school, school administrator and wellness coordinator
- Insure training modules are completed
- House method for Wellness Coordinators to log progress for evaluation purposes

Goal Year 2 (2011): The Wellness Coordinators will complete the first three modules of the training during the 2010 - 2011 school year. The Wellness Coordinators will also be joined with Nevada's Alliance for a Healthier Generation's staff, as well as, other state resources to provide them with tools to improve their school policies and built environment as it relates to their School Health profiles and Wellness Policy.

State Program Setting:

Community based organization, Schools or school district, State health department, University or college

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 19-3 Overweight or obesity in children and adolescents

State Health Objective(s):

Between 10/2009 and 09/2010, Reduce overweight and obesity rates (a BMI higher than 25.9) by at least 1% each year in Nevada's school-aged children by training the Wellness Coordinators in areas of Health and Academic Achievement, Coordinated School Health, Strategies for Increasing Physical Activity, and providing them the guidance to local resources to improve policy and policy implementation at the school level.

Baseline:

Module 1: Health and Academic Achievement – this module will introduce the concept of school wellness and outline what the research literature says as it relates to nutrition and physical activity and academic achievement.
Module 2: Coordinated School Health – this module will provide an overview of eight components of coordinated school health and how schools can use their current resources to strive toward this end. Basic steps in the development of a school wellness team and resources that may be used to evaluate the school environment and use this data to set school goals.
Module 3: Strategies for Increasing Student's Physical Activity at School - This module will provide an overview of the importance of physical activity in schools. It will also provide various strategies to increase student's physical activity at school in a variety of venues including promotion of active transport, recess, physical education, and other school programming.
These modules will be made available on line and will have an assessment mechanism so that school completion may be monitored. Modules 4 and 5, are live webinars that will be delivered live through the partnership between Action for Healthy Kids and The Alliance for a Healthier Generation. Additionally, one district representative will receive additional training to add support and assistance to schools as they endeavor to create healthier school environments for Nevada's K-12 school children. Participation and completion in all 5 modules will be monitored through the development of a web site that will function as an access and delivery point for the trainings and also record and post school completion accordingly.

Data Source:

Once the Nevada Healthy School project develops the training modules, there must be a way to allow easy registration, evaluation and tracking of the schools' wellness progress.
Proposed: Website
This site could be housed in the Department of Education, Health and Human Services or outsourced to third party such as Nevada Action for Healthy Kids/National Action for Healthy Kids.

- Register school, school administrator and wellness coordinator
- Insure training modules are completed
- House method for Wellness Coordinators to log progress for evaluation purposes

Evaluation of Activities: Number of Wellness Coordinators that have completed the trainings; number of schools that have utilized Healthier Generation to improve school policy and implementation; and number of schools that are improving their wellness policies.

Data Evaluation: Nevada BMI data - includes 4, 7 and 10th graders, School year 2008 - 2009 through 2015. YBRS data. Cross data evaluation of schools who are implementing current policy and policy enhancements with BMI data.

State Health Problem:

Health Burden:
In the 650 school districts, 38% of Nevada's children are overweight or obese (a BMI higher than 25.9).

Target Population:
Number: 650
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:
Number: 650
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: YRBS, BMI data collected for grades 4, 7 and 10.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $48,194
Total Prior Year Funds Allocated to Health Objective: $54,900
Funds Allocated to Disparate Populations: $0
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
100% - Total source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:
Inform and Educate Nevada's School Wellness Coordinators
Between 10/2009 and 09/2010, Action for Health Kids, Department of Education, and Nevada State Health Division will identify **95%** of Nevada's School Wellness Coordinators by December 31, 2009, and will inform

and educate them about the training modules available by September 30, 2010.

Annual Activities:

1. Educate Nevada's School Wellness Coordinators

Between 10/2009 and 09/2010, 95% of Nevada's School Wellness Coordinators will have been informed and educated about the specified trainings by 9/30/2010.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Mobilize Partnerships

Between 10/2009 and 09/2010, The Fitness and Wellness Council will will provide information to **>50%** of the schools about the state resources available to improve nutrition, physical activity, and wellness in the schools.

Annual Activities:

1. Identify and Educate School Partners about Resources

Between 10/2009 and 09/2010, Greater than 50% of Nevada's Schools will be knowledgeable about the state resources available that can assist them in improving nutrition, physical activity, and wellness in their schools by 9/30/2010.

Essential Service 5 – Develop policies and plans

Objective 1:

Policy and Procedure

Between 10/2009 and 09/2010, The Nevada State Health Division will provide and present a White Paper that details Nevada Childhood BMI Data, and the Health Division's recommendations to reduce childhood obesity to **>50% of the** the Fitness and Wellness Council, and the Legislative Healthcare Committee.

Annual Activities:

1. Policy and Procedure

Between 10/2009 and 09/2010, Nevada State Health Division will provide a white paper to the Legislative Healthcare Committee and the Nevada Fitness and Wellness Council that outlines current childhood BMI data, and recommendations of policies and procedures that can reduce childhood obesity.

Essential Service 8 – Assure competent workforce

Objective 1:

Assure Competent Work Force

Between 10/2009 and 09/2010, Fitness and Wellness Council, Nevada State Health Division and community partners will evaluate **3** of the modules (#1-3) that are developed for the Wellness Coordinator Training.

Annual Activities:

1. Educate Nevada's School Wellness Coordinators

Between 10/2009 and 09/2010, Assure that the training modules 1-3 for the Wellness Coordinators were evaluated by the Fitness and Wellness Council, Nevada State Health Division, and community partners by 9/30/10.

State Program Title: Nevada State Fitness and Wellness Advisory Council

State Program Strategy:
The legislatively-mandated Fitness and Wellness Advisory Council's goal is to improve overweight/obesity in school-aged children with physical activity and good nutirition by targeting the schools and school districts for programs and training of Wellness Coordinators. Nevada currently has BMI data for grades 4, 7 and 10.

State Program Setting:
Community based organization, Schools or school district, State health department

FTEs (Full Time Equivalents):
Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 22-6 Physical Activity in Children and Adolescents

State Health Objective(s):
Between 10/2009 and 09/2010, The Fitness and Wellness Advisory Committee's goal and mission is to improve the health and welfare of school-aged children through School Wellness Coordinators in every school (650).

Baseline:
Current data analyses from YRBS, Nevada BMI data for grades 4,7 and 10.

Data Source:
YRBS, Nevada BMI data for grades 4,7 and 10.

State Health Problem:

Health Burden:
Nevada's school-aged children get little or no physical activity. The State Wellness Policy only requires 30 minutes of physical activity daily, and this can include any activity during the day, such as physical education, lunch and recess.

Target Population:
Number: 650
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 650
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other
Age: 4 - 11 years, 12 - 19 years
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Entire state
Target and Disparate Data Sources: YRBS, Nevada's BMI data collected for grades 4, 7 and 10.

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:
MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Funds Allocated and Block Grant Role in Addressing this Health Objective:
Total Current Year Funds Allocated to Health Objective: $15,000
Total Prior Year Funds Allocated to Health Objective: $25,000
Funds Allocated to Disparate Populations: $15,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 8 – Assure competent workforce

Objective 1:
Develop legislative policy and procedure
Between 10/2009 and 09/2010, the collaboration between the Nevada Fitness and Wellness Advisory Council and Legislative Healthcare Committee will develop **1-3** legislative policy changes or additions that relate to nutrition, physical activity or wellness.

Annual Activities:
1. Educate about Policy
Between 10/2009 and 09/2010, The Fitness and Wellness Council will educate organizations and legistators across the state about policies that impact childhood obesity.

State Program Title: Rape Prevention Program HO 15-35 Rape or Attempted Rape

State Program Strategy:

Goal: Use PHHSBG set-aside will be used for prevention and/or to provide services to victims.
Program Strategy: The program will provide a comprehensive approach to address rape and the associated effects of rape in rural counties throughout Nevada. The program develops program and policy guidelines, responds to legislative issues, and provides funding through the Preventive Health and Health Services Block Grant. Plans are being developed to have a statewide Sexual Assault Nurse Examiner (SANE) coordinator to assure that training is consistent throughout the state and that clinical standards are maintained. Currently, there are only active SANE teams in Clark and Washoe counties providing services to victims of rape. Therefore, rape victims in rural and frontier Nevada are required to travel up to 500 miles to obtain services. PHHS funds will be utilized to coordinate services from education and prevention through treatment in coordination with all involved community entities and law enforcement.
Evaluation Methodology: Surveillance data from *Nevada's Uniform Crime Reports of Rapes and the U.S. Department of Justice National Crime Victimization Survey,* as well as reports from FaR staff and local programs for prevention, education and victim services will be utilized to evaluate progress towards the overall program goal of increased reporting of and decreased numbers of sexual assaults committed.
Cost Burden:
There would be a enormous economic impact on Nevada if efforts to prevent sexual assault and to provide services to victims were not in place. Currently, counties are required to pay the cost of the examination of victims of sexual assault, in addition to any subsequent medical and mental health treatment up to $1,000.

State Program Setting:

Community based organization, Community health center, Local health department, Medical or clinical site, Rape crisis center, Schools or school district, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2009 and 09/2010, 0.7 rapes or attempted rapes per 1,000 persons.

Baseline:
0.8 rapes or attempted rapes per 1,000 persons aged 12 years and older occurred in 1998.

Data Source:
National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

State Health Problem:

Health Burden:

Nevada has more than double the incidence of rape and sexual assault than does the nation as a whole. Sexual assault of children (0-19) seems to be escalating in Nevada, with more than 1,000 assaults reported per year, in a childhood population of only 601,697. Estimates of the number of unreported incidents of child sexual assault vary widely.

Target Population:
Number: 34
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes

Disparate Population:
Number: 34
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: Yes
Location: Entire state
Target and Disparate Data Sources: Nevada State Demographer

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Other: National Crime Victimization Survey (NCVS), U.S. Department of Justice, Bureau of Justice Statistics.

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $44,725
Total Prior Year Funds Allocated to Health Objective: $48,933
Funds Allocated to Disparate Populations: $44,725
Funds to Local Entities: $0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
50-74% - Significant source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 3 – Inform and Educate

Objective 1:

Between 10/2009 and 9/2010: 0.7 rapes or attempted rapes per 1,000 persons.

Between 10/2009 and 09/2010, SANE Nursing Coordinator in collaboration with Nevada Coalition Aainst Sexual Violence (statewide). will provide education and outreach to general public, medical personnel, law enforcement, advocate groups, and judiciary. to **targeted population statewide** to civic groups, PTAs, faith-based organizations, and professional organizaitons.

Annual Activities:

1. Increase the number of sexual assault prevention presentations provided

Between 10/2009 and 09/2010, Activities wil be developed to maintain or increase the number of sexual assault prevention presentations provided to children, adolescents, young adults, parents and school personnel throughout Nevada. Additionally, the CHN program will increase by 10% contact with sexual assault/domestic violence programs in Nevada, plan and publicize presentations, and train parent and teacher trainers.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Collaborate with rural coalition, law enforcement and domestic violence advocates.

Between 10/2009 and 09/2010, SANE Coordinator, statewide coalition and partners. will provide training to **statewide** for advocates, medical personnel, judiciary and law enforcement.

Annual Activities:

1. Presentations

Between 10/2009 and 09/2010, Training advocates on local support services and contact information; provide law enforcement with current standards of identification of domestic violence issues.

Essential Service 6 – Enforce laws and regulations

Objective 1:

Sexual Assault Prevention

Between 10/2009 and 09/2010, SANE Coordinator will increase the number of educational programs within communites in collaboration with all parties to improve reporting of rape and prevention of assaults. from 4 to **6**.

Annual Activities:

1. Collaboration with all agencies including law enforcement and court system.

Between 10/2009 and 09/2010, Work in collaboration with partners including law enforcement and court system through increased availability of SANE Coordinator services within communies.

State Program Title: Statewide Chronic Disease Coalition Partnership

State Program Strategy:

In Nevada, 10% of the population resides in the rural areas, these communities often do not have adequate services for medical care let alone services to assist them with prevention of chronic diseases. Many of the rural areas included in this rural partnership are not served by a local health departments and lack prevention services.
One of Healthy People 2010's objectives includes increasing the proportion of local health service areas that have established a community health promotion program. In an effort to accomplish this objective and achieve healthy outcomes, the Nevada State Health Division, Healthy Communities Program, is requesting the amount of $15,000 in an effort to assist the Nevada State Health Division and the Statewide Coalition Partnership with the expansion and coordinaiton of its existing services.

State Program Setting:

Community based organization, Local health department, State health department, Tribal nation or area

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0
Total FTEs Funded: 0.00

National Health Objective: HO 7-10 Community health promotion programs

State Health Objective(s):

Between 10/2009 and 09/2010, The collaboration with the North and South Chronic Disease Alliances, the Nevada State Health Division will identify and develop a comprehensive list of Chronic Disease partners for the rural areas of Nevada. The Alliances will be identifying partners that can extend reach into the community by increasing the capacity to provide training and education on many of the chronic disease risk factors plaguing our rural communities. This community mobilization will be accomplished by including traditional and non-traditional partners; school districts, church groups, WIC, hospitals in the development identifying and mobilizing partners. A gap analysis to determine areas of need will be created to assist in the creation of a Statewide Strategic Plan in 2011. The Nevada State Health Division will also evaluate it's internal structure for delivering preventative services to the rural communities, and identify ways for the inclusion of chronic disease preventative initiatives and services.

Baseline:

Utilization of Evidenced-Based Strategies
A gap analysis will be produced this project in an effort to discern the specific needs of each rural community.

A comprehensive list of Chronic Disease partners will be identified and invited to participate in the coordination of a strategic plan.

The Nevada State Health Division will evaluate the internal structure of serving the rural communities and identify strategic ways of increasing chronic disease preventative services to the rural areas.

Existing data on chronic disease prevalence in the rural communities will be used to assertain specific needs and included in the coordination of a strategic plan.

Data Source:

BRFSS 2008; YRBS 2008; State Specific Chronic Disease Data

State Health Problem:

Health Burden:
Increasing burden of chronic disease in rural Nevada. Almost 50% of Americans live with at least one chronic illness, affecting the quality of their lives as well as the lives of their families.

Target Population:
Number: 287,829
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: No

Disparate Population:
Number: 287,829
Ethnicity: Hispanic, Non-Hispanic
Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White
Age: 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: BRFSS, YRBS, Census

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: $15,000
Total Prior Year Funds Allocated to Health Objective: $30,000
Funds Allocated to Disparate Populations: $15,000
Funds to Local Entities: $0
Role of Block Grant Dollars: Start-up
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Essential Service 4 – Mobilize Partnerships

Objective 1:

Development of chronic disease strategic plan for rural NV.

Between 10/2009 and 09/2010, North and South Chronic Disease Alliance in collabortation with the Nevada State Health Division will develop **1** comprehensive list of Chronic Disease partners that can assist in the prevention of chronic diesase in the rural areas.

Annual Activities:

1. Create Statewide Chronic Disease Coalition Partnership

Between 10/2009 and 09/2010, Create Statewide Chronic Disease Coalition Partnership.

Essential Service 5 – Develop policies and plans

Objective 1:

Develop policies and procedures

Between 10/2009 and 09/2010, the North and South Chronic Disease Alliances will will conduct **2** Chronic Disease Alliance meetings in FY2010 to assist in identifying partners in the rural areas of the state, invite new partners to their alliance, and discuss policy and procedure changes in reaching the rual areas.

Annual Activities:

1. Impact legislation

Between 10/2009 and 09/2010, The Chronic Disease Coalition will be the liaison to the State Legislature to promote change in policies and procedures.

Essential Service 9 – Evaluate health programs

Objective 1:

Gap Analysis

Between 10/2009 and 09/2010, the North and South Chronic Disease Alliance in coordination with the Nevada State Health Division will conduct **1** gap analysis to determine needs of rural communities, which will be used in the development of a statewide Chronic Disease Strategic Plan in 2011.

Annual Activities:

1. Develop comprehensive resource document

Between 10/2009 and 09/2010, Develop a Resouce Inventory Survey and distribute to community partners soliciting information on existing prevention services available.